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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Seitz Ma	ilboxes LLC me of Limited Liability Company
144	is of Emilied Elabority Company
The enclosed Articles of Amendment and fee() are submitted for filing.
Please return all correspondence concerning thi	s matter to the following:
7	 .
Day	9 la 5 Se. + Z Name of Person
-	Name of Person
Seitz	Mailboxes LLC
	Firm/Company
9.0.	1 1 12 12 1
9920	W beh y Vista rd
	5.
North	City/State and Zip Code 7 21/60xes 20 9m2/1:00m address: (to be used for future annual report notification)
5 . 17	City/State and Zip Code
<u> </u>	address: (to be used for future annual report notification)
For further information concerning this matter.	
6	7.1
) and las Seit Z	at (23 9) 339 - 36 Z 3 Area Code Daytime Telephone Number
O Name of Person	Mea Code Daytime Telephone Number
Enclosed is a check for the following amount:	
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☑ \$25.00 Filing Fee ☐ \$30.00 Filing Fe Certificate of S	
	(additional copy is enclosed) Certified Copy (additional copy is enclosed)
	(
Mailing Address:	Street Address:
Registration Section	Registration Section
Division of Corporations P.O. Box 6327	Division of Corporations The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Seitz /	Mailboxes LLC
(Name of the Li	imited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
The Articles of Organization for this Limited Florida document number L22000	d Liability Company were filed on 10/11/2022 and assigned 437735
This amendment is submitted to amend the f	following:
A. If amending name, enter the new name	e of the limited liability company here:
The new name must be distinguishable and contain the	he words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if app	
(Principal office address MUST BE A STR	EET ADDRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFRIC	CE BOX)
B. If amending the registered agent and/o agent and/or the new registered office add	or registered office address on our records, <u>enter the name of the new registered</u> <u>dress here</u> :
Name of New Registered Agent	<u> </u>
New Registered Office Address	Enter Florida street address
	Enter Florida street daaress

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Cuy

If Changing Registered Agent, Signature of New Registered Agent

Florida

Page 1 of 3

If amendir	ng Authorized Person(s) auth d from our records:	orized to mana	ige, <u>enter the title, name, and address of e</u>	ach person being added
MGR = 1 AMBR =	Manager Authorized Member			
Title	<u>Name</u>		Address	Type of Action
MGR	Douglas Seitz	,	9920 W Baha Vista of N. Fort Myers, 33917	⊠Add
				□Remove
				□Change
		-		□Add
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amer	ing any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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reco	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of other parties and the record is filed.
nted _	
	Signature of a member or authorized representative of a member
	Douglas Seriz Especial or printed name of signee
	Lyped or printed name of signee

Filing Fee: \$25.00